



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800001

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 674 BLISS RD.

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: LINDSEY III,  
ROBERT F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL RESTAURANT IN GROUND FLOOR BLDG, WITH 3 ROOMS AND GENERAL OFFICE SPACE. DINING ROOM, LOUNGE, KITCHEN AND PUBLIC AREAS. CELLAR FOR GENERAL OFFICES, LIQUOR AND WINE STORAGE, REFRIGERATED STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800003

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RINALDI'S ITALIAN SPECIALTIES INC.

DOING BUSINESS AS

ADDRESS 408 LONGMEADOW ST.

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: RINALDI, JOSEPH TYPE OF LICENSE: Restaurant  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH 2 ROOMS CONSISTING OF TABLES AND BOOTHS IN BOTH ROOMS AND  
A SMALL COUNTER IN FRONT DINING ROOM, CELLAR PORTION FOR STORAGE AND AS A  
WAITING ROOM

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800006

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LONGMEADOW COUNTRY CLUB

DOING BUSINESS AS

ADDRESS 400 SHAKER RD.

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: MULLINS, BRIAN TYPE OF LICENSE: Club  
P.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY CLUBHOUSE BLDG, 8 ROOMS ON FIRST FLOOR. 5 ROOMS ON SECOND  
FLOOR. TWO LOCKER ROOMS IN BASEMENT, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800007

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNITED FOOD SUPPLY CO. INC.

DOING BUSINESS AS HUKU LAU RESTAURANT

ADDRESS 827 WILLIAMS ST.

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: CHIN, PETER Y. H. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, STREET LEVEL HAVING TWO DINING ROOMS AND A KITCHEN AND A CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800012

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLDEN DRAGON STAR LLC

DOING BUSINESS AS LONGMEADOW PACKAGE STORE

ADDRESS 400 LONGMEADOW STREET

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: MAO, SIEM

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800013

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BOTTLE SHOP

DOING BUSINESS AS

ADDRESS 909 SHAKER RD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: THOMAS,  
ROBERT A

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING IN FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800014

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDRE & ANDRE, INC.

DOING BUSINESS AS FOUR SEASONS WINES/LIQUORS

ADDRESS 793 WILLIAMS ST

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: ANDRE, JOSE A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800015

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPARTINO, INC

DOING BUSINESS AS GRAPEVINE PIZZERIA & RESTAURANT

ADDRESS 753 MAPLE RD.

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: KOLLIAS,  
ELIZABETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING CONSISTING OF ONE FLOOR WITH A TENANT SHARING  
COMMON ENTRANCE WAY. ENTRANCE FOR ONE DINING ROOM, SMALL BAR WITH FIVE  
SEATS, KITCHEN AND TWO BATHROOMS. ADDITIONAL EXIT IN DINING ROOM

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800017

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LI-GUANG BROTHERS, INC

DOING BUSINESS AS LI'S BROTHERS INN

ADDRESS 795 MAPLE RD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: YUEN, SAM W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL RESTAURANT IN GROUND FLOOR BUILDING WITH TWO DINING ROOMS, KITCHEN  
AND GENERAL OFFICE SPACE

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800019

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LHC RESTAURANT CORP.

DOING BUSINESS AS IRON CHEF

ADDRESS 923 SHAKER ROAD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: CHEN, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ASIAN CUISINE RESTAURANT COMPRISING OF APPROXIMATELY 1000 SQ. FT. OF RESTAURANT SPACE ON THE FIRST FLOOR (APPROX. 500 SQ. FT. FOR THE DINING ROOM, AND 500 SQ. FT. FOR THE KITCHEN) AND 1000 SQ. FT. OF STORAGE /PREP AREA IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800020

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TWIN HILLS REALTY INC.

DOING BUSINESS AS TWIN HILLS COUNTRY CLUB OF LONGMEADOW

ADDRESS 700 WOLF SWAMP ROAD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: HEBERT,  
RICHARD A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

130 ACRES OF LAND WITH CLUBHOUSE BUILDING OF APPROX. 28200 SQUARE FEET  
KNOWN OF TWIN HILLS COUNTRY CLUB OF LONGMEADOW, 700 WOLF SWAMP ROAD,  
LONGMEADOW MA. 01106

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800021

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TIMOTHY P. AUSTIN

DOING BUSINESS AS 19TH HOLE DELI

ADDRESS 617 DWIGHT RD L

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: AUSTIN,  
TIMOTHY P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUBHOUSE RESTAURANT ON 18 HOLE GOLF COURSE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800022

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAX BURGER LONGMEADOW, LLC

DOING BUSINESS AS MAX BURGER

ADDRESS 684 BLISS ROAD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: SMITH, SCOTT A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

THE LICENSED PREMISE IS LOCATED AT LONGMEADOW SHOPS, 684 BLISS RD, SHALL CONTAIN 4,326 SQ. FT. OF LEASEABLE SPACE, TOGETHER WITH AN OUTSIDE PATIO AREA, AS SHOWN ON EXHIBIT A AND B ATTACHED TO THE RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800023

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MGB INC.

DOING BUSINESS AS ELEGANT AFFAIRS

ADDRESS 619 DWIGHT ROAD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: BOXOLD,  
MARGARET

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF CLUB HOUSE SEATING 80 PP WITH SMALL KITCHEN AND SMALL BAR  
AREA..FRONT ENTRANCE FROM PARKING LOT; REAR ENTRANCE FROM LOADING DOCK,  
ENTRANCE NEXT TO PRO SHOP; AND ENTRANCE NEAR PUTTING GREEN; ALSO INNER  
ENTRANCE/EXIT FROM BATHROOM AREA..ALSO SMALL COVERED FENCED IN PATIO  
AREA.. TOTAL AREA ABT 900 SQ FT..ALSO TO INCLUDE GOLF COURSE HOLES 1, 2, & 3

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 062800024

CITY OR TOWN LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FUJI MOUNTAIN ASIAN BISTRO LLC

DOING BUSINESS AS UME ASAIN BISTRO

ADDRESS 732 BLISS ROAD

CITY/TOWN: LONGMEADOW

STATE: MA

ZIP CODE: 01106

MANAGER: HUANG, HANG  
ZHANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ZEN ASIAN BISTRO IS A 3,762 SQUARE FEET FULL SERVICE RESTAURANT LOCATED IN THE LONGMEADOW SHOPPING PLAZA IN THE TOWN OF LONGMEADOW. THE FRONT DOOR IS THE MAIN ENTRANCE AND EXIT FOR THE CUSTOMER AND IS DIRECTLY OPEN TO THE PUBLIC PARKING LOT. ENTERING THE RESTAURANT, THE RECEPTION DESK IS ON THE LEFT, TO THE RIGHT IS THE BAR AREA WITH SERVICE COUNTER AND STOOLS, NEXT TO THE BAR IS THE SUSHI BAR AND SERVICE TABLE ALONG WITH CHAIRS. FACING THE LIQUOR BAR AND THE SUSHI BAR ARE THE TABLES, CHAIRS AND BOOTHS FOR CUSTOMERS AND THE HALLWAY TO THE BATHROOM. NEXT TO THE SUSHI BAR IS THE DOOR TO THE BACK/STORAGE OF THE KITCHEN. THROUGH THE AREA IS ANOTHER EXIT OPEN DIRECTLY TO THE OUTSIDE OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)